DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

# POST-CERTIFICATION REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345008 Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing Y2 | DATE OF REVISIT 1/17/2024 Y3 |
|---|---|---|
| NAME OF FACILITY THE CITADEL AT MYERS PARK, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 300 PROVIDENCE ROAD CHARLOTTE, NC 28207 | |

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|---|---|---|---|---|
| ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC | Correction Completed 12/29/2023 | ID Prefix F0867 Reg. # 483.75(c)(d)(e)(g)(2)(i)(ii) LSC | Correction Completed 12/29/2023 | ID Prefix Reg. # LSC | Correction Completed |
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| REVIEWED BY STATE AGENCY ☐ | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
|---|---|---|---|---|
| REVIEWED BY CMS RO ☐ | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| FOLLOWUP TO SURVEY COMPLETED ON 12/1/2023 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | ☐ YES ☐ NO |
|---|---|---|